

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/030266**  
FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		2			
TOTAL DEP.	8		8			
TOTAL CLAIMS	10		10			

	IND.		DEP.		IND.		DEP.	
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TOTAL CLAIMS								

**BEST AVAILABLE COPY**